

		DUE DATE	FORM	MISSOURI DEPT. OF REVENUE EMPLOYER'S QUARTER-MONTHLY PAYMENT OF INCOME TAXES WITHHELD	
		PERIOD COVERED	MO-941P (REV. 11-2001)		
MO TAX ID NUMBER		TAX PERIOD (CC,YY,MM)	Amount of Payment \$		00
FEIN			DOR USE ONLY * *		
BUSINESS NAME					
ADDRESS					
CITY, STATE, ZIP			A quarter-monthly payment is required for the periods ending the 7th, 15th, 22nd, and the last day of a month. Payments must be remitted within three (3) banking days after the end of the quarter-monthly period with a completed MO-941P for each payment.		
MAKE CHECK PAYABLE TO MISSOURI DIRECTOR OF REVENUE AND RETURN WITH THIS COMPLETED FORM TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 3333, JEFFERSON CITY, MO 65105-3333.			I have direct control, supervision, or responsibility for filing this voucher and payment of the tax due. Under penalties of perjury, I declare that this is a true, accurate, and complete voucher.		
			AUTHORIZED SIGNATURE		DATE